

SAFETY INSPECTION CHECK LIST

DEPARTMENT NAME: _____

The importance of remedial follow-up, whether it is work practice, detection of hazardous physical condition, or hazardous substance problem, cannot be over-emphasized if the inspection is to be meaningful and effective. Response with an * will require corrective action and follow-up.

Physical Conditions	NO	YES	Correction Requested	Date Completed
Life Safety				
<u>Fire Extinguishers</u>				
Are all fire extinguishers in good working order?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Have had a yearly inspection?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
<u>Aisles/Walkways</u>				
Are aisles/walkways obstructed?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
<u>Exit</u>				
Are exits easily accessible?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are exits free from obstructions?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are exit signs illuminated?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are exit signs clearly visible from employee areas?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
<u>Emergency Lights</u>				
Do they function?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Do they provide sufficient illumination?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are they adequately located?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
<u>Stairways</u>				
Are there any cracked steps?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Do steps have a slip-resistant surface?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are there missing or loose handrails?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Is lighting adequate?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
<u>Walking/working Surfaces</u>				
Are employees exposed to slipping/tripping hazards from:				
Electrical wiring and/or VDT cables?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Telephone wiring?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Electrical/telephone outlets?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Congestion in work areas?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
<u>Floors/Carpets</u>				
Are carpets frayed and torn?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are mat edges curled?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are the floors wet and/or slippery?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are tiles missing or broken?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Is the floor crack or are there holes?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Physical Conditions	NO	YES	Correction Requested	Date Completed
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Life Safety

Storage Techniques

Exposures to injury from falling objects or from lifting heavy objects:

Are heavy boxes stored at waist height?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Is heavy, bulky or sharp material stored overhead?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are book cases/file cabinets anchored?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are aisles in storage areas congested?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are aisles a minimum 24" wide?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Is housekeeping adequate?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____

Office Furniture

Are employees exposed to hazards from poorly maintained or Adjusted furniture including:

Defective chairs?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Inoperable desk drawers?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Unstable file cabinets?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Overloading file cabinets?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Machinery/Equipment

Unguarded moving parts?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Defective wiring on cords?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Sharp edges or burrs on equipment?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
No frayed, spliced or defective cords?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Lighting

Is lighting adequate?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Is there glare or excessive light?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are there obstructions creating darkness or shadows areas?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Parking lots/Sidewalks

Are there potholes?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Are there cracks or uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Is lighting adequate?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Are there accumulations of snow and ice?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Work Practices

Unsafe practice observed in the office environment:

Leaving file or desk drawers open?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Standing on chairs?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Ignoring liquid spills?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Running?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____
Horseplay?	<input type="checkbox"/>	<input type="checkbox"/> *	_____	_____

Hazards Communications

Material Safety Data Sheets on file?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Employee Right to Know Training provided?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Training logs on file?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____

Hazardous Substance Storage and use

Notice posted?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Containers properly labeled?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Follow proper usage and storage procedure?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____
Flammable liquids stored in safe manner, UL safety cans?	<input type="checkbox"/> *	<input type="checkbox"/>	_____	_____

Additional Comments: _____

Inspection By: _____ **Date:** _____

**Safety Committee Review
Comments:** _____

Committee Chairperson: _____ **Date:** _____